



Attach 2 Passport  
Size Photos

**APPLICATION FOR MEMBERSHIP FORM**

Name of applicant: ..... (As per pay Slip)  
Employment / Account No: ..... Marital Status:.....  
Residential Address: .....  
..... Tel No: .....  
School / Institutional Address: .....  
..... Tel No: .....  
Region/ Directorate: ..... Monthly Savings: D.....  
Employment Status: ..... Date of Birth: .....  
Gender:..... Residential Tel No:.....  
Identification No: .....

**Beneficiary (ies)**

NO.	NAME	RESIDENTIAL ADDRESS	RELATIONSHIP
1.			
2.			
3.			
4.			
5.			

Next of Kin: ..... Tel No: .....  
APPLICANT'S SIGNATURE: ..... DATE: .....

**Authority to Deduct GTU Monthly Dues**

The Accountant General is hereby authorised to deduct from my salary monthly the sum of D50.00 and pay to the Gambia Teachers Union. Code 70 effective ..... 20.....  
Full Name: .....  
Employment No. .... Status: .....  
School Address/ Institution: ..... Region: .....  
SIGNATURE: ..... DATE: .....